

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Tarnas	David	Anthony	808-987-5810	
MAILING ADDRESS (Street)			FAX	
P.O. Box 6882			808-443-0366	
(City)	(State)	(Zip Code)		
Kamuela	Hawaii		96743	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MCS International			808-987-5810	
MAILING ADDRESS (Street)		FAX		
P.O. Box 6882			808-443-0366	
(City)	(State)		(Zip Code)	
Kamuela	Hawaii		96743	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Geoplasma, LLC	770-399-9930		
MAILING ADDRESS (Street)	FAX		
171 17th Street, NW	Suite 1550	770-206-9150	
(City)	(State)	(Zip Code)	
Atlanta	Georgia	30363	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Karin Appling		770-399-9930	
MAILING ADDRESS (Street)		FAX	
171 17th Street NW	Suite 1550	770-206-9150	
(City)	(State)	(Zip Code)	
Atlanta	GA	30363	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Dangiainas 18 feb 07			feb 07			
(Signature of Lobbyist) (Date)						
PART V AUTHORIZAT	ION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Hilburn Hillestad	President					
NAME OF ORGANIZATION (if	applicable)		TELEPHONE			
Geoplasma LLC			770-399-9930			
MAILING ADDRESS (Street)			FAX			
171 17th Street NW	Suite 1550		770-206-9150			
(City)	(State)		(Zip Code)			
Atlanta	GA		30363			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
This Hellestar Z feb 07						
(Signature of Authorizing Officer or Person Represented)			(Date)			